

Approved by: Council of Medical Faculty  
Lithuanian University of Health Sciences,  
22 June, 2017

**Lithuanian University of Health Sciences  
Medical Academy**

**PROGRAMME  
AND DIARY  
OF CLINICAL MEDICINE  
PRACTICE**

**LSMU Academic Publishing  
Kaunas, 2021**

Student's first and last name \_\_\_\_\_

Base(s) of Clinical Medical Practice: \_\_\_\_\_

Clinical Practice Cycle of **Internal Diseases**

\_\_\_\_\_  
(name of healthcare institution)

Clinical Practice Cycle of **Surgery / Orthopaedics Traumatology**

\_\_\_\_\_  
(name of healthcare institution)

Clinical Practice Cycle of **Children Diseases**

\_\_\_\_\_  
(name of healthcare institution)

Clinical Practice Cycle of **Obstetrics and Gynaecology**

\_\_\_\_\_  
(name of healthcare institution)

First Aid Cycle

\_\_\_\_\_  
(name of healthcare institution)

Practice of CPR/AED skills

\_\_\_\_\_  
(name of healthcare institution)

Practice of psychological help, communication and skills

\_\_\_\_\_  
(name of healthcare institution)

Clinical Practice: start \_\_\_\_\_ end \_\_\_\_\_

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01-12-2021. 2.5 printer's sheets. Print run 100 copies. Order no. 178.

Published and printed by LSMU Academic Publishing,

A. Mickevičiaus 9, LT-44307 Kaunas, Lithuania.

**STUDY SCHEDULE**

Year	Month	Department

# CLINICAL MEDICINE PRACTICE

**Clinical medicine practice – part of the full time integrated Medicine studies, during which the student gets practical skills and capabilities, and acquires clinical experience necessary for independent work in personal health care institutions under the supervision of tutor of clinical medical practice, according to the set program.**

**Objective of clinical medicine practice** – to generalize and relate the knowledge and experience gained while studying the medical program during the first five years, to develop the ability to act in real clinical environment, to work in team, and to assess critically the limits of own capabilities.

## **Aims of clinical medicine practice:**

- To develop the attitudes of professional activity – ability to act honestly and to follow the ethical obligations; to apply the principles of good medical practice, to secure the work quality; to think critically and self-critically; to be empathic, creative, to show initiative, to endeavor at the objective; and to have skills of interpersonal communications.
- To develop the professional behavior – ability to assess the limits of own capabilities, and to ask for help if necessary; ability to act in the circumstances of new situations; ability to act independently, to solve problems, to make decisions; ability to work together with other specialists; to organize and plan own activity.
- To develop professional experience – ability to learn independently and during the entire life, to apply the acquired knowledge in practice; to develop the skills of analysis and synthesis, and to conduct the scientific researches.

To develop the **special** professional capacities, skills of good medical practice and effective clinical work:

- Consultation of patients (ability to collect anamnesis; to conduct medical examination; to make the conclusion of clinical evaluation and to make the related decisions; ability to explain and consult the patient; to provide confidence and support; to assess mental condition of the patient).

- Evaluation of clinical signs, prescription of tests, performance of differential diagnostics and formation of observation plan (ability to recognize, assess and describe the manifestations, course and symptoms of diseases; to prescribe the target tests and to interpret their results; to perform differential diagnostics; to make the appropriate plan of the patient's observation and to discuss it with the patients and carers (custodians); to monitor and treat the patients ill with chronic diseases properly).
- Provision of urgent medical aid, first medical aid and resuscitation (ability to recognize and assess systematically the acute health disorders and to start their treatment; to provide first medical aid; to resuscitate and support main vital functions; to maintain all vital functions; to treat traumas).
- Prescription of treatment (ability to describe the action mechanisms of medicine; to prescribe adequate and suitable treatment; to select suitable medicine and other treatment methods according to the clinical situation, to assess their potential benefit and damage; to treat pain and stressful situations).
- Ability to apply the principles, methods and knowledge of biomedical sciences (anatomy, histology, genetics, immunology, microbiology, pathology, physiology, biochemistry, pharmacology, etc.) in practice.
- Effective communication in medical practice: to communicate with the patients, relatives of the patients, the disabled and colleagues clearly, sensitively and effectively.
- Application of ethical and legal principles in medical practice
- Assessment of the influence of psychological and social aspects on the patient's disease: ability to recognize and assess the impact and influence of the psychological, behavioral and social factors, including the addiction to alcohol, on the health, morbidity, manifestation of diseases, and to react to them with explanation, advice or persuasion.
- Application of evidence-based medical principles, skills and knowledge: ability to apply practically the scientifically based evidence encountered while searching systematically for suitable information sources and assessing them critically.
- Efficient usage of information and information technologies in medical practice: ability to apply practically the scientifically based

evidence encountered while searching systematically for suitable information sources and assessing them critically.

- Application of scientific principles, methods and skills in medical practice and researches.
- Promotion of healthy life style, application of knowledge about prevention of diseases.

## **METHODS OF CLINICAL MEDICINE PRACTICE**

Clinical Medicine Practice is performed following Clinical Medicine Practice programme approved by the LSMU Council of Faculty of Medicine, according Clinical medicine practice Regulation (approved by Senate 08 03 2015).

The volume of Clinical Medicine Practice studies – 30 credits.

Clinical Medicine Practice is organized in six cycles:

- 1) Practice of CPR/AED skills (2 days), Practice of psychological help, communication and skills (3 days) – 1 week
- 2) Internal Diseases (6 weeks)
- 3) Surgery/ Orthopaedics and Traumatology (6 weeks)
- 4) Children Diseases (3 weeks)
- 5) Obstetrics and Gynaecology (3 weeks)
- 6) Emergency Medicine (1 week)

The practice of CPR/AED skills (2 days) shall be performed in the LUHS Department of Emergency Medicine during the first week of the practice, according to the announced schedule of sessions, while the practice of psychological help, communication and skills (3 days) shall be performed in the LUHS Department of Health Psychology.

When the student arrives to the practical base of clinical medicine, it shall address the appointed tutor of practical clinical medicine, who will provide schedule of practical work of clinical medicine and duty schedule.

The length of studies – 40 hours weekly.

The students must be on duty (at night and/or on weekends) for 4 times during the cycles of Internal diseases and Surgery/Orthopedics-Traumatology, and twice during the cycles of Children diseases and Obstetrics and Gynecology.

The exceptions of being on duty are described in the clause 40 of the Regulation. Provided it has been coordinated with the tutor of clinical medical practice, the student may perform half of the practice of the cycle

of internal diseases in the emergency (reception) department by supervising patients of certain profile. The students shall perform the practice of Surgery and Orthopedics-Traumatology in the emergency department and inpatient department by supervising patients of certain profile, according to the program (approximately half of the time to each). The student shall perform the emergency cycle in the (reception) department. **The duration of practice of initial resurrección and AID skills is 2 days executed in LSMU Department of Disaster medicine during the last week of the practice, according to the formed schedule** (it shall be announced 4 weeks in advance).

**Coordinator of clinical medical practice – vice dean of the Center of Post-graduation Studies at the University.**

**Tutor of clinical medical practice – health care professional, who works in the practical base of clinical medicine and who has at least 3-year work experience, according to the professional qualification. He is appointed by the manager of the practical base of clinical medicine after it has been agreed with the University.**

During the clinical medical practice the students **may get consulted** regarding theoretical and practical issues individually by the lecturers from the clinics of Surgery, General Surgery, Internal Diseases, Orthopedics-Traumatology, Infectious Diseases, Children Diseases, Obstetrics and Gynecology, if the consultation time is pre-agreed with the lecturer or the clinic's manager. If necessary, the coordinator of clinical practice will organize the consultation on the penultimate week of the practice before exam in the clinics of Internal Diseases, Surgery, Orthopedics-Traumatology, Children Diseases, or Obstetrics and Gynecology, with regard to the questions of final examination on the practice.

**The consistent and tidy completion of the Diary of Clinical medicine practice** is a mandatory part of studies. The student shall register the acquired mandatory skills in general table during each cycle of the practice of clinical medicine (the additional page may be inserted if it is short of place). In the end of the cycle the number of the acquired skills/capacities, which is recorded in the table, shall be calculated and entered into summary table of acquired mandatory skills/capacities of each cycle.

In the end of each study cycle the tutor of clinical medical practice shall make an entry confirming the acquired practical skills and capacities, and shall sign the cycle's credits. If the student has not acquired certain skills and/or capacities, the tutor of practice of clinical medicine shall give objective reasons, which have prevented it, and recommendations, how to

acquire them, in the next cycle or during the extra time. The coordinator of clinical medical practice shall give the final attestation of clinical medical practice after student having presented the tidily completed daybook of clinical medical practice in presence of all granted credits of the rests and in absence of data about defects of program's execution, by signing in the daybook or credit book.

During the clinical practice the student shall **carry out the scientific work** (data collection) individually and if necessary, through consultations with the supervisor of chosen scientific work in certain LUHS profile clinic or department. The results of the scientific work are presented after the work report and presentation have been prepared during the 12<sup>th</sup> semester (Preparation and presentation of the scientific work).

If the student encounters circumstances, which prevent him to implement the study program, the supervisor of clinical medical practice or manager of the base shall notify the coordinator of clinical practice or dean of the Center of postgraduate studies hereof without delay.

When the clinical practice is completed, the tidily filled daybook of clinical medical practice is submitted and in absence of data about drawbacks of the study program's implementation, the coordinator of clinical medical practice of LUHS Center of postgraduate studies shall make an entry "done" and sign in the student's book of studies.

Student becomes eligible for **final internship exam**, organized by the Final Examination Commission of the Faculty of Medicine. The Commission consists of the Commission chairman, the secretary and the lecturers of the programme subjects working at the University and having an academic education title; study administrators.

**The general medical practical skills and knowledge acquired not only during the clinical practice, but also during the entire study period (integrated internship) shall be evaluated during the final practical exam.**

The internship exam is organized by OSCE (objective structured clinical examination) method. It takes place at the Hospital of Lithuanian University of Health Sciences in therapeutic profile clinics (Pulmonology and Immunology, Cardiology, Gastroenterology, Haematology, Endocrinology, Nephrology, Rheumatology, Internal Diseases, Infectious Diseases and Geriatrics), surgical profile clinics (Surgery, Children Surgery, General Surgery, and clinics of Orthopaedics and Traumatology), at the Clinic of Children Diseases, at the Clinic of Obstetrics and Gynaecology and at the Department of Disaster Medicine.



The examination takes place in 15-20 stations (the station lasts for 5-10 minutes). The student's skills to question and communicate with the patient, to carry out the actions of objective testing, to form the testing plan, to interpret the testing results, to substantiate and form the diagnosis, to prescribe treatment, and to carry out the clinical actions or procedures are assessed.

The topics and tasks of the stations, as well as the requirements for the examination have to satisfy the study programme of clinical modules and clinical medical practice (see sections of such programme:

Results of clinical medical practice. II.

Results of clinical medical practice. III.

Practical skills and capacities, which have to be gained during clinical medical practice)

Failed final practical examination of Medicine study programme exam (internship) can be retaken in accordance to University Regulations.

Students who have terminated the study programme of Medicine and who have passed the final programme and internship examinations receive the Higher Education Diploma and the internship certificate, confirming the professional qualification of the Doctor of Medicine.

## **RESULTS OF CLINICAL MEDICAL PRACTICE**

**I.** Upon completion of the practice the student will be able to ensure quality of clinical work as s/he will assess the limits of own competences critically, act ethically and fairly, and apply principles of good medical practice.

**II.** The student will be able to do the following after having carried out the required minimal number of actions, procedures or manipulations under the supervision of practice supervisor:

1. To collect anamnesis: to listen to the complaints of the patient regarding the disease and collect life data purposefully and completely, to learn the beginning, causes of the disease or trauma, related factors, and to form the questions to the patient in understandable way.
2. To assess pain and concomitant complaints.
3. To carry out general examination of the patient (consciousness, skin, mucosa, body's position).
4. To evaluate general condition by examining main systems of the organism: survey of vital functions according to the system ABCD, evaluation of additional indexes (arterial blood pressure, heart rate, SpO<sub>2</sub>, etc.), enforced position of the body.
5. To examine mouth mucosa and tongue.
6. To evaluate changes of rate of breathing and its characteristic changes.
7. To evaluate changes in cough, breathlessness, cyanosis and voice.
8. To carry out palpation and percussion of chest, auscultation of lungs
9. To evaluate data of spirometric tests
10. To diagnose respiratory failure
11. To perform oxygen therapy
12. To assess data of blood gas tests
13. To assess data of cytological and microbiological tests of sputum and pleural punctate
14. To assess chest X-ray and CT
15. To carry out arterial blood gas test
16. To inject adrenalin (epinephrine) in case of anaphylaxis, to explain principles of adrenalin dosage

17. To carry out heart's auscultation: to listen to tones *I, II, III, IV*, gallop rhythm, mitral opening snap, pericardial friction, systolic and diastolic murmurs (to evaluate their degree and possible cause), atrial fibrillation, extrasystoles
18. To record 12 derivation of ECG
19. To evaluate ECG: to determine normal ECG, hypertrophy of individual parts, bundle branch blocks, WPW syndrome, extrasystolia, atrial fibrillation, atrial flutter, paroxysmal tachycardia, ventricular fibrillation, AV block, myocardial ischemia and necrosis (myocardial infarction), long QT syndrome, hypo- and hyperkalaemia, impact of cardiac glycosides, pericarditis, right heart injury.
20. To identify functional class of heart failure (New York Heart Association, Killip classification) and Canadian functional class of angina pectoris
21. To measure arterial blood pressure and to determine ankle-brachial index
22. To evaluate biochemical markers of myocardial injury
23. To interpret the tests performed and described by the specialists: echocardiography, coronary angiography
24. To determine and assess oedemas, their localisation, grade
25. To evaluate microscopy and microscopic examination of urine
26. To evaluate kidney function according to creatinine levels, creatinine clearance, GFR according to formulas
27. To evaluate radioisotopic nephrograms
28. To evaluate survey and intravenous urograms
29. To evaluate data of kidney ultrasound (changes in kidney parenchyma, dilatation of kidney collecting system)
30. To evaluate results of electrolytes testing
31. To catheterize urinary bladder
32. To carry out physical examination of joints and spine: inspection, evaluation of extremities' length and deformations, palpation, evaluation of function
33. To evaluate changes in synovial fluid
34. To evaluate of immunological tests: rheumatoid factor, antinuclear antibodies, anti-DNA, complement
35. To evaluate laboratory markers of inflammation
36. To evaluate tests of uric acid (blood, urine, joint fluid and aspirate from tophi).
37. To evaluate X-ray and CT scan of bones and joints

38. To carry out palpation of lymphatic nodes, spleen and liver
39. To carry out percussion of the liver and to determine size of liver using physical testing methods
40. To evaluate main haemostasis tests: bleeding time, coagulation time, prothrombin index, clot retraction test, platelets functional tests, APTT, fibrinogen, thrombin time, fibrinolysis tests
41. To evaluate general blood test
42. To determine blood group
43. To carry out abdominal inspection, auscultation, percussion, palpation and to interpret the findings
44. To carry out rectal examination
45. To evaluate biochemical liver tests
46. To evaluate amylase test
47. To evaluate ascitic fluid
48. To evaluate data of endoscopy examination (esophagogastroduodenoscopy, rectoromanoscopy and colonoscopy)
49. To evaluate histological data of gastrointestinal and liver biopsies
50. To evaluate abdominal echoscopy data
51. To evaluate abdominal X-ray and CT
52. To carry out inspection and palpation of the thyroid gland. To evaluate size, texture and nodules of the thyroid gland. To evaluate samples of ophthalmopathy
53. To evaluate syndrome of diabetic feet: neuropathic and bloodstream (circulation) disorders
54. To assess disorder of carbohydrate metabolism: glucose tolerance test, glycosylated haemoglobin
55. To diagnose hypocalcaemia: clinical tests
56. To evaluate calcium and phosphorus concentration
57. To evaluate results of lactate testing
58. To evaluate tendon reflexes and meningeal symptoms
59. To evaluate condition of consciousness
60. To evaluate skin and mucosal rashes
61. To evaluate turgor of tissues and elasticity of skin
62. To evaluate muscles tonus
63. To evaluate spinal puncture test
64. To evaluate immunological tests for infectious diseases
65. To evaluate microbiological tests of faeces
66. To evaluate microbiological tests of the nasopharynx and throat
67. To evaluate data of blood culture

68. To wash hands before surgical intervention or operation
69. To perform intramuscular injection
70. To perform subcutaneous injection
71. To perform intravenous injection and infusion
72. To perform intravenous correction of body liquids
73. To sample blood from artery
74. To probe and carry out gastric lavage
75. To carry out primary patient inspection.
76. To carry out detailed patient inspection
77. To assess and monitor vital parameters
78. To resuscitate during ventricular fibrillation
79. To resuscitate during a systole and electromechanical cardiac dissociation
80. To resuscitate during choking
81. To restore airway opening
82. To perform bag mask ventilation
83. To diagnose sudden death and to perform initial resurrection in case of clinical death
84. To diagnose pregnancy
85. To determine pregnancy time and date of delivery
86. To carry out external gynaecological examination (inspection, palpation, auscultation) of the patient
87. To measure fundal height of uterus and to assess measurement results (the patient is examined or the moulage is used)
88. To carry out antepartum and intrapartum foetal assessment
89. To describe the non-stress test
90. To describe ultrasound foetometry
91. To form plan of pregnancy care
92. To evaluate partogram
93. To receive labour in occiput presentation (using moulage)
94. To assess postpartum period
95. To collect obstetric-gynaecologic anamnesis
96. To carry out special examination of a gynaecological patient (inspection and palpation) (using moulage)
97. To carry out cytological test of cervix uteri (usual PAP and PAP smear in liquid medium) and to interpret the answer (using moulage)
98. To carry out bacterioscopic test of vagina and cervix uteri and to interpret the answer (using moulage)
99. To describe ultrasound examination of female genitalia

100. To apply principles of antibiotic prophylaxis and antibacterial treatment in obstetrics and gynaecology
101. To consult the patient about contraception
102. To apply the principles of primary and secondary prevention of cervical cancer
103. To assess infants' psychomotor development
104. To assess child's physical development using the curves of children's growth and maturation
105. To assess the cranial shape, condition of fontanelles, sutures, cranio-tabes, head deformities due to rickets and other
106. To assess and differentiate skin rashes (with regard to children): allergic, infectious or characteristic to certain disease. To assess the skin colour: jaundice, cyanosis, paleness, pigmentation). To assess swellings
107. To assess degree of child's dehydration
108. To assess meningeal symptoms of the child
109. To notice and assess child's tachypnea, participation of additional muscles in breathing, inspiratory stridor, impaired expiration and wheeziness
110. To palpate child's regional lymphatic nodes (neck, submaxillary).
111. To perform chest percussion of the child (local intumescence, box sound).
112. To perform chest auscultation of the child (crackles (rale) – dry, wet; wheeziness).
113. To calculate the child's rate of breathing and to assess it with regard to the age.
114. To assess the child's thoracic X-ray
115. To calculate the child's heart rate and to assess it with regard to the age.
116. To palpate and assess the child's radial and femoral arterial pulse.
117. To assess the child's arterial blood pressure in percentile method in accordance with age, gender and height.
118. To perform and assess the child's heart auscultation (tones, murmur, intensity, localization).
119. To assess ECG of children of various ages (rhythm, frequency, dextrogram, nomogram).
120. To inspect the child's oropharynx.
121. To perform the child's abdominal auscultation.

122. To palpate the child's abdomen: superficial abdominal palpation (to be able to assess the signs of peritoneal irritation and muscular tension), deep palpation and determination of painfulness, palpation of liver, spleen and regional inguinal lymphatic nodes (evaluation of liver edge according to the age).
123. To perform the child's liver and spleen percussion (determination of the size).
124. To inspect the child's anal area (tears, inflammation, fistulas).
125. To evaluate the child's faeces (acholic, containing blood, etc.).
126. To inspect the child's kidneys, urinary bladder (protuberance, swelling, redness) and external genitalia and to assess the changes.
127. To palpate the child's kidneys while the child is lying and standing, and to assess the changes.
128. To carry out renal/kidney percussion tenderness (Jordan's symptom) for the children older than 7 years
129. To perform the child's urinary bladder's percussion and to assess the changes.
130. To assess the child's X-ray tests (mixed cystourethrography, intravenous urography).
131. To assess the child's joints (amplitude of movements, swelling, deformation, redness, painfulness).
132. To assess the child's spinal mobility (when the patient is standing and bending).
133. To assess the child's general blood test
134. To assess the child's biochemical blood test (potassium, sodium, urea, creatinine, total albumen, albumin, cholesterol, calculation of glomerular filtration rate (GFR) for children).
135. To make the plan of additional examination of the child: regarding anaemia cause by food – biochemical indexes and their evaluation; regarding haemolysis – biochemical indexes and their evaluation; special test of coagulation system; indications for cytological test of peripheral blood, medullar puncture and biopsy of lymphatic node.
136. To assess the child's general blood test: evaluation of degree and form of anaemia according to the indexes of erythrocytes in general blood test; evaluation of the number of leucocytes and leukogram according to age; evaluation of number and morphology of platelets.
137. To perform initial (general) evaluation of the child's condition in accordance with the child's evaluation triangle ABC (consciousness, respiratory function, skin's colour).

138. To perform initial evaluation of the child's condition in accordance with the ABCDE rule (airways, respiration, bloodstream, neurology, external examination).
139. To perform secondary evaluation of the child's condition (fast anamnesis SAMPLE and evaluation of glycaemia).
140. To form the evaluation conclusion of the child's condition (stable, syndrome of respiratory disorders, respiratory insufficiency, compensated shock, hypotensive shock, cardiopulmonary failure) and to predict the cause of disorders.
141. To evaluate the child's blood gas test and to make conclusion (compensated or decompensated respiratory or metabolic acidosis/alkalosis).
142. To be able to provide urgent first help in case of life-threatening conditions (syndrome of respiratory disorders, respiratory insufficiency, compensated shock, hypotensive shock, cardiopulmonary insufficiency).

**III.** In application of theoretical knowledge and having acquired experience of clinical work during the practice, the student will be able to consult, to assess clinical signs, to make the examination plan, to interpret the testing results, to diagnose, to provide urgent help, to prescribe initial treatment, and to foresee the treatment tactics in case of the following conditions:

1. Fever
2. Sepsis. Septic shock
3. Pain
4. Consciousness
5. Dyspnoea
6. Exacerbation of chronic obstructive pulmonary diseases
7. Infection of respiratory tract
8. Bleeding from lungs
9. Respiratory insufficiency
10. Allergy
11. Anaphylaxis
12. Rashes in childhood
13. Lymphadenopathy
14. Arterial hypertension
15. Hypertonic crisis



16. Chest pain
17. Unstable angina pectoris
18. Acute myocardial infarction
19. Cardiogenic shock
20. Heart failure
21. Arrhythmia
22. Syncope
23. Sudden death
24. Dysuria
25. Urinal retention
26. Nephrotic syndrome
27. Nephritic syndrome
28. Renal failure
29. Intoxication with drugs, alcohol, psychotropic medicaments, mushrooms, Paracetamol, carbon black, snake's poison (snake's bite)
30. Arthritis
31. Anaemia
32. Bleeding and disorders of coagulation
33. Abdomen pain
34. Bowel obstruction
35. Gastrointestinal bleeding
36. Incarcerated hernia
37. Peritonitis
38. Diarrhoea
39. Vomiting
40. Hypovolaemic shock
41. Severe dehydration and hypovolaemia. Principles of rehydration
42. Na, K and acid-base balance disorders
43. Jaundice
44. Bleeding from oesophageal varicoses
45. Acute hepatic insufficiency
46. Perineal and anal pain
47. Diabetes mellitus
48. Ketoacidosis
49. Hypoglycaemic coma
50. Hyperparathyroidism and hypoparathyroidism
51. Adrenal insufficiency
52. Obesity. Metabolic syndrome
53. Hirsutism. Virilic syndrome

54. Hyperthermia
55. General frostbite of the body
56. Inflammation of superficial and deep veins
57. Circulation disorder in extremities
58. Ulcers, pressure sores
59. Skin and subcutaneous abscesses
60. Wounds
61. Burns
62. Rickets
63. Meningitis and encephalitis
64. Shock in childhood
65. Acute external and internal bleeding
66. Unknown aetiology coma
67. Cranial trauma with or without skull fracture
68. Thoracic trauma
69. Open bone fractures
70. Hip fracture
71. Pelvic fracture
72. Tear of knee ligaments, patellar luxation
73. Congenital hip dysplasia
74. Acute osteomyelitis
75. Foreign bodies in trachea
76. Foreign bodies in oesophagus
77. Pneumothorax
78. Penetrating chest or abdominal trauma
79. Traumatic-hypovolaemic shock
80. Shoulder luxation
81. Radial fracture in loco-typical place
82. Rupture of ligaments in tarsal joint
83. Gas phlegmon
84. Spinal cord compression
85. Normal pregnancy
86. Normal delivery and normal period after delivery
87. Antepartum and intrapartum foetal assessment
88. Neonatal resuscitation
89. Breastfeeding
90. Intrapartum and postpartum haemorrhage
91. Preterm labour
92. Perinatal infection (Aids, syphilis, hepatitis B, GBS infection)

93. Pregnancy-induced hypertension
94. Rh isoimmunisation
95. Diabetes and pregnancy
96. Postpartum endometritis
97. Lactation mastitis
98. Pelvic inflammatory disease
99. Dysfunctional bleeding
100. Ectopic pregnancy
101. Acute abdomen of gynaecologic origin (ovarian apoplexy, torsion of ovarian cyst or subserous myoma, rupture of tubo-ovarian abscess)
102. Cervical pathology (pre malignancy and malignancy)
103. Endometrial and ovarian cancer
104. Perimenopausal and postmenopausal haemorrhage
105. Pathology of pelvic fundus (prolapse and enuresis).
106. Family's infertility

# DIARY OF CLINICAL MEDICAL PRACTICE

## Practical skills and competences necessary to acquire during Clinical Medicine Practice

**(TO BE FILLED IN THE END OF THE PRACTICE, the sum of daily skills/competences registered in the tables shall be entered)**

<i>No.</i>	<i>Practical skill or competence</i>	<i>Minimal required number</i>	<i>Done</i>	<i>Stamp and signature of the supervisor of clinical medical practice</i>	<i>Date</i>
1.	Collection of anamnesis of therapeutical patient	30			
2.	Physical examination of therapeutical patient	30			
3.	Formation of preliminary and clinical diagnosis of therapeutical patient (separate page should be enclosed for registration)	30			
4.	Collection of anamnesis of surgical patient	15			
5.	Physical examination of surgical patient	15			
6.	Formation of preliminary and clinical diagnosis of surgical patient (separate page should be enclosed for registration)	15			
7.	Completion of medical documentation: prescription writing	15			
8.	Completion of medical documentation: issuance of certificates of working disability, various certificates, etc.	15			
9.	Evaluation of spirogram's results	5			
10.	Interpretation of tuberculin test	5			
11.	Evaluation of oxygenation	5			
12.	Application of oxygen therapy	5			
13.	Recording of 12-derivation ECG	15			
14.	ECG interpretation	15			
15.	Measurement of blood pressure	15			
16.	Determination of ankle-brachial index	15			

17.	Interpretation of sputum smear (Gram stain)	5			
18.	Identification of albumen, sugar and acetone in urine	10			
19.	Interpretation of urease test	2			
20.	Determination of blood group	5			
21.	Interpretation of chest X-rays	15			
22.	Interpretation of joint and bone X-rays	5			
23.	Interpretation of echocardiography	5			
24.	Interpretation of renal echoscopy	5			
25.	Performance of clinical abdominal test and interpretation of findings	15			
26.	Interpretation of abdominal echoscopy	20			
27.	Gastric probing and lavage	2			
28.	Digital rectal examination	5			
29.	Calculation of body mass index	15			
30.	Interpretation of changes in general blood test	30			
31.	Interpretation of coagulation tests	5			
32.	Interpretation of urinalysis	15			
33.	Interpretation of microbiological tests of blood, liquor, expectoration, faeces, wound secretions, throat secretions, urine	30			
34.	Interpretation of immunological tests of infectious diseases	5			
35.	Interpretation of blood inflammatory markers	30			
36.	Assessment of renal function	10			
37.	Stoma care	2			
38.	Assessment of peripheral arterial pulse	4			
39.	Surgical assistance	12			
40.	Local infiltrative anaesthesia	2			
41.	Dressing of operative wounds	15			
42.	Removal of surgical stitches	3			
43.	Venipuncture and blood sampling	15			
44.	Artery puncture and blood sampling	5			
45.	Preparation of intravenous infusion and its performance	15			
46.	Primary wound closure	4			
47.	Purulent wound closure	4			
48.	Application of plaster cast immobilization	1			
49.	Immobilisation of the tarsal joint	1			

50.	Interpretation of results of X-ray tests of bone fractures	5			
51.	Reduction of shoulder luxation	1			
52.	Reduction of distal radius fracture	1			
53.	Skeletal traction	1			
54.	Tests to detect knee ligament injury	4			
55.	Recording of vital parameters monitoring system	5			
56.	Data evaluation of the vital parameters monitoring system	5			
57.	Suction of the mouth and nasopharynx*	3			
58.	Introduction of oropharyngeal and nasopharyngeal tube*	3			
59.	Manual opening of airways*	2			
60.	Electrical defibrillation of heart*	3			
61.	Dosage and ways of usage of drugs in resuscitation	3			
62.	Assessment of abuse with alcohol (clinical test and blood test)	1			
63.	Basic life support*	1			
64.	Urgent help using automatic external defibrillator*	1			
65.	Bag mask ventilation*	1			
66.	Diagnosis of pregnancy (amenorea, pregnancy test, ultrasound diagnostics).	8			
67.	Pregnancy dating and determination the date of delivery	8			
68.	External obstetrical examination (Leopold's manoeuvres, fundal height)	3			
69.	Auscultation of foetal heart tones	5			
70.	Evaluation of the foetal movement frequency				
71.	Evaluation of foetal nonstress test (norm/pathology)	5			
72.	Ultrasound foetometry (norm / pathology)	5			
73.	Apgar score neonatal care	5			
74.	Intrapartum care of normal delivery	2			
75.	Completion of partogram	2			
76.	Gynaecologic examination / (using moulage)	3			
77.	Breast palpation and examination	5			

78.	Interpretation of conclusions of ultrasound test of internal genitalia (norm / pathology)	5			
79.	Taking of oncocytologic smear from cervix uteri	3			
80.	Vaginal smear taking for bacterioscopic test	3			
81.	Catheterization of urinary bladder	3			
82.	Anamnesis collection ( from child and/or parents)	15			
83.	Child's physical examination	15			
84.	Formulation of child's preliminary diagnosis (separate page should be enclosed for registration)	15			
85.	Evaluation of the child's physical and psychomotor development	7			
86.	Formation of baby's day menu	10			
87.	Measurement of blood pressure of children of various ages				
88.	Evaluation of blood pressure of children of various ages	5			
89.	Evaluation of meningeal symptoms of children	5			
90.	Evaluation of dehydration degree of children	5			
91.	Percussion of the child's urinary bladder	5			
92.	Pounding (Jordan's symptom) for the children older than 7 years	5			
93.	Assessment of the child's biochemical blood test (potassium, sodium, urea, creatinine, total albumen, albumin, cholesterol, calculation of glomerular filtration rate (GFR) for children).	5			
94.	Assessment of the child's X-ray tests (mixed cystourethrography, intravenous urography).	5			
95.	Assessment of the child's general blood test	7			
96.	Interpretation of the child's general urinalysis	7			
97.	Interpretation of the child's renal echoscopy	5			

98.	Assessment of the child's faeces (acholic, containing blood)	5			
99.	Examination of the child's anal area (tears, inflammation, fistulas).	5			
100.	Auscultation of the child's abdomen	5			
101.	Palpation of the child's abdomen	7			
102.	Percussion of the child's liver and spleen (size determination).	5			
103.	Notice and evaluation of the child's tachypnea, participation of additional muscles in breathing, inspiratory stridor, aggravated respiration and wheeziness	10			
104.	Palpation and evaluation of the child's regional lymphatic nodes (neck, submaxillary)	10			
105.	Chest percussion of the child (local dullness, hyperresonant sound).	10			
106.	Chest auscultation of the child (crackles (rales) – dry, wet; wheeziness)	10			
107.	Calculation of the child's respiratory frequency and its assessment with regard to the age	10			
108.	Examination of the child's oropharynx	10			
109.	Palpation and evaluation of the child's radial and femoral arterial pulse	10			
110.	Calculation of the child's systolic frequency and its assessment with regard to the age.	15			
111.	Assessment of the child's arterial blood pressure in percentile method in accordance with age, gender and height (according to the provided tables)	10			
112.	Child's heart auscultation and evaluation (tones, murmur, intensity, localization).	15			
113.	Assessment of ECG of children of various ages (rhythm, frequency, dextrogram, nomogram).	5			
114.	Assessment of the child's spinal mobility (when the patient is standing and bending	5			



115.	Initial (general) evaluation of the child's condition in accordance with the child's evaluation triangle ABC (consciousness, respiratory activity, skin's colour).	10			
116.	Initial evaluation of the child's condition in accordance with the ABCDE rule (airways, respiration, bloodstream, neurology, external examination).	10			
117.	Secondary evaluation of the child's condition (fast anamnesis SAMPLE and evaluation of glycaemia).	10			
118.	Formation of the evaluation conclusion of the child's condition (stable, syndrome of respiratory disorders, respiratory insufficiency, compensated shock, hypotensive shock, cardiopulmonary insufficiency) and prediction of the cause of disorders	10			
119.	Evaluation of the child's blood gas test and formation of conclusion (compensated or decompensated respiratory or metabolic acidosis/alkalosis).	3			
120.	Ability to provide urgent first help in case of life-threatening conditions (syndrome of respiratory disorders, respiratory insufficiency, compensated shock, hypotensive shock, cardiopulmonary insufficiency)	3			

\*Shall be signed by the responsible employee from the Department of Extreme Medicine.

## Duties / Budėjimai

Unit/Skyrius	Date, hours / Data, valandos	Doctor's stamp, signature / Gydytojo spaudas, parašas
Internal diseases / Vidaus ligų		
Surgery, Orthopedics, Traumatology / Chirurgijos. Ortopedijos traumatologijos		
Children Diseases / Vaikų ligų		
Obstetrics- Gynecology / Akušerijos- ginekologijos		
Emergency Medicine / Skubios pagalbos		

## Atliktų praktinių įgūdžių ir gebėjimų registracija

(In this table are registered all performed actions and acquired skills as well as competences which later are summarized and written down into general table of each cycle. In case of lack of place, please enclose extra page)

## Internal diseases / Vidaus ligos

[illegible]



## **Surgery and Orthopedics-Traumatology / Chirurgija ir Ortopedija – traumatologija**

(In this table are registered all performed actions and acquired skills as well as competences which later are summarized and written down into general table of each cycle. In case of lack of place, please enclose extra page)

[illegible]



**Obstetrics-Gynaecology /  
Akušerija-ginekologija**

(In this table are registered all performed actions and acquired skills as well as competences which later are summarized and written down into general table of each cycle. In case of lack of place, please enclose extra page)

[illegible]





## Children Diseases / Vaikų ligos

(In this table are registered all performed actions and acquired skills as well as competences which later are summarized and written down into general table of each cycle. In case of lack of place, please enclose extra page)

[illegible]



**Emergency Medicine and Disaster Medicine / Skubi pagalba ir ekstremalioji medicina**

(In this table are registered all performed actions and acquired skills as well as competences which later are summarized and written down into general table of each cycle. In case of lack of place, please enclose extra page).

[illegible]

**Fundamentals of Psychology, Practice of Communication Skills  
and Psychological Help**

<b>Date</b>	<b>Sessions, practical skills</b>	<b>Supervisor's signature</b>

## **Studento Refleksijos / Student's reflexions**

Refleksijos aprašymas: studentas turi aprašyti praktikos metu įvykusią situaciją arba vykdytą praktinę užduotį. Įvardijamas užduoties atlikimo tikslas, apibrėžiama pagrindinė problema, surandami galimi problemos sprendimo būdai, įvertinama ir pasiūlomas tinkamiausias sprendimas.

Refleksijos aprašymą skaito praktikos vadovas ir aptaria su studentu.

**1 užduotis.** Prisiminkite svarbesnį praktikos atvejį ir jį trumpai aprašykite. Paminėkite, ką, Jūsų manymu, atlikote gerai, ir ką ne visai gerai. Paaiškinkite, kodėl tam tikrų situacijų metu Jums gerai sekėsi, o kitais atvejais – nesisekė. Ko šis atvejis Jus išmokė? Ką kitą kartą darytumėte kitaip?

**Task 1:** remember one of more important practical cases and describe it briefly. Say what you have done well and what has been done not well enough, according to your opinion. Explain, why you were successful in some cases and why you could not reach success in other cases. What have you learnt from this case? What would you do differently next time?

**2. užduotis.** Prisiminkite vieną įsimintiniausių praktikos atvejų ir jį trumpai aprašykite, išskeldami problemą(as), kuri kilo atvejo metu. Kokia problemos priežastis? Kokie galimi jos sprendimo būdai ir kuris tinkamiausias? Kokių žinių ir įgūdžių Jums trūko šiai praktinei problemai spręsti? Ko dar turėtumėte išmokti?

**Task 2:** remember one of more important practical cases and describe it briefly. State the problem(s) of the case you have encountered. What was the cause of the problem? What are the possible solution modes and what is the most suitable? What knowledge and skills did you lack in order to be able to solve that practical problem? What would you have to learn yet?

Signature and stamp of the internship's supervisor.

### **Assessment of the student's professional activity and behavior**

Each unit accumulates data on the student's professional activity and behavior, which are generalized in the end of clinical medical practice by completing the table below, which has to be signed by the practice supervisor.

<b>Professional and personal characteristics</b>		<b>Supervisor's assessment (1-10 scores)</b>			
		<b>In the Department of Internal Diseases</b>	<b>In the Department of Children Diseases</b>	<b>In the Department of Surgery</b>	<b>In the Department of Obstetrics-Gynecology</b>
1.	Ethical behavior				
2.	Honesty at work				
3.	Initiative-showing				
4.	Empathy				
5.	Interpersonal communication skills. Ability to react to the comments and opinion of the practice supervisor critically and adequately				
6.	Punctuality and self-discipline				
7.	Understanding and full implementation of tasks				
8.	Suitable conveyance of information orally and in written (ability to review during visitations and in the discussions of patients, and to account for the work on duty)				
9.	Ability to ask for help of the competent person				

10.	Ability to give priority to the patient's needs, to respect his attitude to the disease and treatment				
11.	Ability to say bad news				
12.	Ability to provide information to the patient and to receive his written consent				
13.	Ability to observe the requirements of infection control				
14.	Ability to observe the requirements of legal acts and national agreements on diagnostics and treatment				
15.	Ability to complete medical documentation: case history, ambulant card, assignment sheets, extract from case history, sending, compensated medicine, certificate of inability to work, death certificate				
16.	Ability to document the surgery or intervention procedure				
17.	Ability to conduct effectively the search for literature, to find the evidence-based answers to the questions, which arise in clinical practice				
Signature and stamp of the supervisor of the cycle's part					

Signature and stamp of the internship's supervisor.